PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				No Fee	Note: A certificate of mailing can only be used for domestic mailings of the			
00909 759	0909 7590 07/09/2009				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
PILLSBURY WINTHROP.O. BOX 10500 MCLEAN, VIRGINIA 2:	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
							(Depositor's name)	
					(Signature)			
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED IN			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/578,156 FITLE OF INVENTION:		Lundy Lewis			019287-0317293	4279		
ME	ETHOD AND APPARATUS	FOR EVENT C	ORRELATION	ON IN SER	VICE LEVEL MA	NAGEMENT (SLM)		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBL	CATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510.00			\$0.00	\$1510.00	October 9, 2009	
EXAMINER		ART UNIT		CLAS	ASS-SUBCLASS			
Jeffrey R. Swearingen		2445	2445		9-223000		4	
1. Change of correspondence address or indication of "Fee AddreCFR i.363). ☐ Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cunumber is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PLEASE NOTE: Unless recordation as set forth in		ow, no assignee of this form is NOT	data will appe Γa substitute	ear on the p for filing an	atent. If an assig assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE Computer Associates Think, Inc.			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Islandia, New York					
Please check the appropriate	assignee category or categori	es (will not be pri	inted on the p	natent):	Individual 🗹 C	Corporation or other private gro	oup entity Government	
4a. The following fee(s) are	4b	4b. Payment of Fee(s):						
Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
☐ Advance Order - # of Copies _				☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 033975				
	(from status indicated above) MALL ENTITY status. See 3	7 CFR 1.27.	☐ b. Applic	cant is no lor	iger claiming SMA	ALL ENTITY status. See 37 Cl	FR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	is requested to apply the Issue ablication Fee (if required) words of the United States Pater	Fee and Publicate Fee and Publicate III not be accepted at and Trademark	ion Fee (if an I from anyone Office.	ny) or to re-a e other than	pply any previous the applicant; a reg	ly paid issue fee to the applicate gistered attorney or agent; or the	tion identified above. the assignce or other party in	
Authorized Signature			Date August 20, 2009					
Typed or printed name Safar Ali			Registration No. 58,780					
Alexandria, virginia 22313-	1430.					the public which is to file (and minutes to complete, includin comments on the amount of til Trademark Office, U.S. Dept. S. SEND TO: Commissioner to displays a valid OMB control		